

HENRY. (M. H.)

al

SUGGESTIONS

ON THE TREATMENT AND INFLUENCE OF DIET
IN THE MANAGEMENT OF RHEUMATIC
DISEASES.

*With the compliments
of the author.*

BY
MORRIS H. HENRY, M. A., M. D., LL. D.,
OF NEW YORK,

OFFICER OF THE ROYAL ORDER OF THE SAVIOR, OF GREECE; COMMANDER
OF THE IMPERIAL ORDERS OF THE MEDJIDIE AND OF L'OSMANIE,
OF TURKEY; FORMERLY SURGEON-IN-CHIEF OF THE STATE
HOSPITALS, WARD'S ISLAND, NEW YORK.

presented by the author

Reprinted from THE DIETETIC GAZETTE, January, 1889.



NEW YORK:

"THE HUB" PRESS, 39 & 41 GOLD ST.

SUGGESTIONS ON THE TREATMENT AND INFLUENCE OF DIET IN THE MANAGE- MENT OF RHEUMATIC DISEASES.

By MORRIS H. HENRY, M. A., M. D., LL. D.,
OF NEW YORK.

OFFICER OF THE ROYAL ORDER OF THE SAVIOR, OF GREECE; COMMANDER
OF THE IMPERIAL ORDERS OF THE MEDJIDIE AND OF L'OSMANIE,
OF TURKEY; FORMERLY SURGEON-IN-CHIEF OF THE STATE
HOSPITALS, WARD'S ISLAND, NEW YORK.

I DOUBT if there is any disease in that portion of the community designated as the middle class more prevalent than rheumatism and its immediate allies: gout and the rheumatoid neuralgias of the various sections of the human body. I use the term middle class, but not from the English standpoint, which conveys the idea of the existence of a higher class than those to whom I refer. It is that large part of the community that ignores the extremes of so-called fashionable life, and that other portion who are sustained by manual labor and not as well endowed by circumstances and advancements as the class to which I particularly refer. It embraces the largest element of respectability and intelligence of this country. Rheumatic diseases are not confined to this class. They prevail amongst all classes—but in a larger percentage among those of whom I now speak. The fact cannot be denied nor concealed that the etiology of rheumatism has not yet been satisfac-



torily explained. The labors of the physiologist and the pathologist have shown no advancement toward a solution of the problem. The therapeutists, with the aid of the pharmaceutists, have suggested more palatable formulæ of colchicum, the salicylates, the iodides and the bromides. Cocaine, hyoscyanin, hyoscine, quinine and antifibrin have been extolled in the treatment of rheumatism. They aid in the relief of pain; but not as well as some preparations of opium, especially morphine. Quinine serves well when there are any malarial features or periodicity manifested in the attacks. They are coincidences, and demand especial attention and treatment. The internal and external use of spring waters, from the lowest to the highest latitudes, have been guaranteed as affording cures. They relieve attacks. They do no more. The periods of immunity from suffering depend on the extent of the predisposition to attacks in each individual, influenced largely by surrounding circumstances climate, temperature, diet, mental and physical strain and collateral forms and combinations of other ailments. An exceedingly intelligent and industrious pharmaceutist published an account, a short time ago, of more than thirty-six thousand formulæ of medical preparations—now in the market—for the relief and cure of all forms of disease. The formulæ of many of these medicaments are printed and attached to the packages. They are all lauded and endorsed by signatures to which the doctorate of medicine is attached.

Many preparations of established merit deserve the indorsements they have received from physicians of good repute; but the educated clinical observer and practitioner knows that medicines alone do not cure disease.

They do relieve, and in acute attacks, under good advisement, they carry the patient safely over the bridge of his suffering. The drugs I have mentioned are all dangerous in the hands and under the administration of ignorant persons. To be used safely and efficiently, they must be prescribed by persons who know well of all their special merits and the peculiarities and idiosyncrasies of each individual patient placed under treatment.

Intelligent persons about the middle period of life, who have suffered from one or more acute attacks, frequently take medical care of themselves with very fair results. Their personal experience aided by a good study of their own cases and a fair insight of the limited knowledge of some of their medical attendants, in this class of diseases, is not an unfair guide nor reason for their course of action. Many preparations known as proprietary medicines do sometimes good service in relieving attacks and now and then effect more than the prescriptions of the attending physician. These are the chance cases. They do well now and then, and later on or under other conditions they fail in rendering any service to the same patient. The exception may be applied to those preparations containing large doses of colchicum. The risks of permanent injury by the indiscriminate use of this drug are too well known to call for any extended attention in this limited contribution.

To climate and diet we must look for the prophylactic and relief. The selection of a climate is afforded only to a small proportion of sufferers. A course of diet—a conservative *menu*, adapted to each individual case—is denied to none. It is known to persons who are versed in the social problem of the eating and drinking

of the masses, from the highest to the lowest, that more deaths occur directly and indirectly from too much rather than too little feeding. The overfeeding, in the class of which I am writing, is excessive feeding; where injury results from what is termed too little feeding it is not the small *quantity* put into the stomach, but the *quality* and character of the so-called diet—the use of the term food is really a misnomer—in such cases. Food is the term that strictly pertains to anything that sustains, nourishes and augments. Any edibles put into the stomach that do not serve this purpose well must prove a source of discomfort and direct injury to persons so offending, and they will sooner or later realize the force of the trite sentence of the great bard :

“ This may prove food to my displeasure.”

The formula of diet best adapted to those suffering from or predisposed to rheumatic affections—with the general assent of the profession—is as follows :

In the ordinary chronic forms of rheumatism a vegetable diet with a limited amount of fruit—such as contains the least amount of sugar—is most favorable. The free use of lemon juice is advisable. If beef and mutton can be dispensed with, it is advisable to do so. If taken it should be in very limited quantities, and then in conjunction with an aid to its digestion, such as horse-radish or some other condiment most palatable to individual cases. I feel assured that over-indulgence in heavy animal food—especially beef and mutton—by persons predisposed to any of the chronic or acute forms of rheumatism is decidedly injurious. There is no objection to chicken or light game—but the latter must not be what is termed “ ripe ”

—that is, bordering on decomposition. I am well aware that this suggestion will meet with opposition from many who affect supremacy of judgment as epicures and versed in the refinements of the cuisine; the conclusion, however, is the result of personal experience sustained by common sense. There can be no objection to fresh fish and eggs. Avoid tea and coffee as much as possible. If coffee is taken let it be in very small quantities, with a large proportion of milk. Teas are so uncertain in the character of their treatment for the tastes of the different markets, and so tainted with poisonous elements to sustain or increase their strength and gratify the palates of tea-drinkers, that I know—without having records in support of my views—that it is decidedly advisable for rheumatics to avoid their use. The skimmed-milk treatment has not, so far, yielded the results claimed by its advocates. The change is too radical. There is always more or less danger in too radical or rapid a change of diet where certain elements of food, of a nourishing character, are suddenly cut off and no equivalent substituted.

On my way to Carlsbad, a few years ago, I tarried for the night at Mayence. On entering the dining-room for my evening meal I was kindly saluted by a fellow-voyageur—a German—who was already provided with a substantial meal, consisting of a beefsteak smothered with onions, fried potatoes and a bottle of wine. He asked where I was going. I told him. With a smile and a knowing look of inquiry he remarked: “But you are not a fat man nor a bloated man, what are you going to do at Carlsbad?” I told him I was going to avail myself of a limited course of treatment for some rheumatic pains of my joints and

at the same time watch the effects of the courses of treatment pursued by others more unfortunate in the extent of their sufferings than myself. He told me that he had just left Carlsbad—where he had been under a full course of treatment for articular rheumatism and gout—and was then bound homeward. He was a heavily-built man, obese, and of a sanguinio-lymphatic temperament. He was reduced in weight during the period of his treatment to the extent of seventeen pounds, and felt, he assured me, much better. I glanced at the ample quantity of food before him and asked how long it would take him to recover the lost weight if he continued to indulge—on his return home—in the same quantity and quality of food such as I saw before him. He laughed heartily at what he termed the triteness of my question, and said : “ Possibly seventeen days.” He subsequently told me that he had made an annual pilgrimage to Carlsbad for many years; that he was a wine grower, and that his visits afforded him not only the opportunity of temporary depletion of an excess of fat and fluid and relief to his liver, but the best chance of selling his wines. He was an intelligent man and well educated; thoroughly versed in the arts and what little there is of the science of every-day life.

His case is an apt illustration of the best that can be accomplished in the class of cases—to which he belonged—in the annual visits to this popular Austrian Spa. Other springs possess and afford special benefits, but it is not my purpose—in this paper—to enter into further details or discuss their distinctive merits.

In conclusion, let me add the following established facts :

There is no such thing as a specific for the cure of

rheumatism. There are no baths or waters that will afford more than relief, and then only when taken and associated with a strict regimen of diet suggested by the personal experience of the sufferer, or under the advisement of a well-educated, largely-experienced general practitioner of medicine. Climate and clothing will assist.

The best diet in quantity and quality is that which affords the essential nourishment and most perfect assimilation. The lesser the tax on the organs of digestion the better the chance of a good and easy assimilation. This advantage can be aided by a judicious selection of the food best adapted to individual cases and additionally assisted, at times, by artificial aids such as the peptonoids when the powers of digestion have been impaired.

Moderation in mental and physical exercise and a strict observance of the laws of hygiene of everyday life will accomplish all that is possible of attainment in the present state of our knowledge of the nature of rheumatoid affections. The disease is caused, doubtless, by poisonous substances that are not eliminated from the system through the normal channels. The great secret of the election of certain elements to form and maintain the integrity of certain tissues has not yet been discovered; when that is accomplished the deviations of some of these elements from their natural courses may be explained and the problem of the eccentricities and cause of rheumatism and its allied diseases establish the practice of medicine not simply as a limited art, but as a branch of science.

